## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # N99000000354

Country

U.A.A.

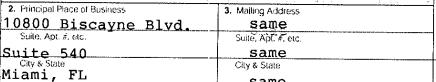
1. Entity Name

The Recovery Foundation, Inc.

02 MAY - 1 PM 4: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

 $\Box$ 

4. FEI Number 31-1652541

Applied For Not Applicable

Country 5. Certificate of Status Desired same same

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent Ferrell Schultz Carter Zumpano & Fertel Street Address (P.O. Box Number is Not Acceptable)

201 South Biscayne Blvd

34th Floor, Miami Center

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

Signature, typed or pristod name of registered agent and title if applicable, 9. This corporation is eligible to satisfy its Intangible

Zip

<u>33161</u>

(NOTE: Registered Agent signature required when rainsatting) January 1 - May 1. Fee is \$150.00

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Tax filing requirement and elects to do so. (See criteria on back)

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034B

11. OFFICERS AND DIRECTORS TITLE] 🗦 🗓 🗄 DS TITLES NAME NAME Adam Trop 700005415815 STREET ADDRESS STREET ADDRESS 777 Arthur Godfrey Road, 2 F CITY-ST-ZIP OOT I Miami Beach, FL TITLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DT TITLE NAME Scott Roberts NAME STREET ADDRESS 1332 Funston Street STREET ADDRESS DO NOT WRITE CHY-ST-ZIP CITY-ST-ZIP Hollywood, FL 3019 THLE TITLE IN THIS SPACE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DP TITLE NAME Elizabeth Roberts NAME STREET ADDRESS STREET ADDRESS 1332 Funston Street CITY-ST-ZIP HOllywood, FL 33019 THEE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other like empowered

ING OFFICER OR DIRECTOR

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## ACCOUNT FILING COVER SHEET WALK IN

ACCOUNT #:	FCA00000014	-	
CORPDIRECT AC 103 N. MERIDIAN TALLAHASSEE, 850-222-1173	N STREET	DEPAL DIVISIO TALL	•
CONTACT: DATE: REF #:	Pam 5-1-02 0472	PARTHENT OF STATE SION OF CORFORATIONS ALLAHASSEE, FLORIDA	ートミコフ
CORP. NAME:	The Recovery	Foundation, The.	
PLEASE FILE TH	IE ATTACHED <u>ANNUAL RE</u> COPY (N PLAIN COPY	PORT AND ISSUE A:	
	OUR ACCOUNT IN THE AMO	1-2,0	
AUTHORIZATION	: Chice		